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# AHEC's QUIT TIMES



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## USF Health Stomps Out Cigarettes

Story by Lisa Greene  
USF Health Communications

Photos by Eric Younghans  
USF Health Communications

Rocky the Bull stomped out a giant cigarette, teen-agers got to see computerized photos of how smoking would age them, and would-be quitters got free “cold turkey” sandwiches Thursday as the entire USF Health campus went smoke-free.

“Today at USF Health we say no more,” said Donna Petersen, ScD, MHS, dean of the College of Public Health. “We will no longer tolerate smoke on the USF Health campus.”

Banning smoking on campus tells USF Health faculty, staff and students that the institution cares about their health, Dr. Petersen said. USF Health is offering a variety of smoking cessation classes and other programs to help smokers quit.

She hopes the change also gets attention from the broader community, Dr. Petersen said.

“We truly believe it is our job to improve the health of the community,” she said. “Today, we send a message.”



The campus went smoke-free on the same day as the national Great American Smoke-Out.

Patricia Burns, PhD, RN, FAAN, dean of the College of Nursing, said the smoking ban is an important way for health care providers to speak out

against smoking.

“We, as health care providers, do not realize the impact we can have on our patient population,” she said.

Yet one study has shown that if a health care provider spends just three minutes

talking to a patient about smoking, those words can have a significant impact in moving the patient to quit, Dr. Burns said.

One reason the move to ban smoking on the USF Health campus was a success, Dr. Petersen said, was because it started with students. She

also praised USF’s Area Health Education Center Program for putting the program in place. Dr. Petersen gave special kudos to Leila Martini, assistant director of tobacco prevention and cessation, for “her persistence, her tenacity and her passion.”



# AHEC's QUIT TIMES

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## Be On the Lookout: New Highly Addictive Smokeless Tobacco Products!

By Emily M. Hite, Tobacco Training Coordinator, GSAHEC

As smoking bans become more popular in the United States, the tobacco industry has shifted its focus to smokeless tobacco products that are much easier to use and conceal. The smokeless tobacco market has been expanding over the last three decades and the product line-up has become much more extensive than the traditional spit tobacco (see *The 411 on Smokeless Tobacco* on page 3) so commonly used by athletes. New, highly addictive products have

been developed to appeal to both men and women, with the most obvious targets being youth. These dissolvable tobacco products are made from ground tobacco bound together with food-grade products and often contain more nicotine than the average cigarette. Three new products that you should be on the lookout for:

- **Tobacco “Mints” (e.g. Camel Orbs)**—This dissolvable tobacco product looks very similar to a mint or TicTac®. It is a small round pellet of tobacco that dissolves in

the mouth in about 10-15 minutes. This product is flavored (fresh or mellow) and contains just as much nicotine as a cigarette!

- **Tobacco “Toothpicks” (e.g. Camel Sticks)**—This flavored product looks exactly like a toothpick. Again, it is made from actual tobacco. This tobacco product takes about 20 minutes to dissolve in the mouth and contains three-times the amount of nicotine as a cigarette!
- **Tobacco “Dissolvable Strips” (e.g. Camel Strips)**—This tobacco product resembles a melt-away breath freshener like Listerine Strips®. It takes about 2-3 minutes to dissolve in the mouth. It is also flavored and contains about half the amount of nicotine as a cigarette.

These products are highly addictive and easy to conceal. They are marketed by the tobacco industry as a way for people to get their nicotine fix without anyone needing to know about it. School officials across the country have already found youth with these products—some of the minors didn't even realize they were tobacco! Keep minors safe from the newest tobacco industry products. Be on the lookout!

*USF Health Smokefree*  
**March 24 is  
Kick Butts Day!**

**Kick Butts Day** is a day of activism that empowers youth to take action against tobacco use at more than 2000 events coast-to-coast.



For more information visit [kickbuttsday.org](http://kickbuttsday.org)

# The 411: Smokeless Tobacco

By Deirdre Dingman  
MPH, CHES, CTTS, PAPHS, GSAHEC

Smokeless does not mean harmless! In 1986, the Surgeon General of the United States reported that the use of smokeless tobacco “is not a safe substitute for smoking cigarettes. It can cause cancer and a number of non-cancerous conditions.”

All smokeless tobacco (ST) use has negative intra-oral and extra-oral effects. There is a causal relationship between chew tobacco or snuff and oral cancer, leukoplakia (pre-cancerous lesions), gum recession, gum disease, and tooth loss. Snus is also associated with oral diseases, but not cancer (in Sweden).

The extra-oral risks from chew and snuff include pancreatic cancer, an association with reproductive problems and an associated increased risk of death from existing heart disease over that found in non-users with heart disease. Nicotine in all tobacco products increases heart rate, blood pressure and pulse. It is important to note that the reason scientists think that Snus from Sweden is less harmful than American snuff is because of how it is made.

Nicotine content varies among types and brands of ST. There is generally more nicotine in the finer cuts. Additives such as ammonium bicarbonate and acetic acid increase the amount of nicotine that the user absorbs from the chew or dip.

Quitting smokeless tobacco use is somewhat different from quitting smoking. These methods may be helpful to current users:

- Blending involves the use of an herbal ST substitute. Begin by taking the pouch or can and

mixing half tobacco and half herbal product. After two weeks, blend 2/3 herbal substitute and 1/3 tobacco. Use for three weeks before switching to all herbal substitute and quitting tobacco use.

- Brand Switching refers to changing to a brand with less nicotine than you currently use, like switching from Copenhagen to Skoal.
- Fading involves reducing the number of dips or chews per day before quitting. Reduce the number of dips or chews per day until reaching the halfway point, then quit. For example, if a user normally dips or chews ten times per day, when he or she is down to five per day, they should quit tobacco use.

The quit smoking medications that are FDA approved for use and recommended by the Public Health Service (PHS) Clinical Practice Guidelines for quitting smoking are not recommended for ST cessation at this time. ST users did not have better cessation rates on the Nicotine Replacement Therapy (NRT) than the placebo group did during initial trials. One theory is that the ST users need much higher doses of NRT than smokers do. However, the medications DO reduce withdrawal complications and cravings. Both the Mayo Clinic and researchers use the non-NRT medication Zyban and the NRT patch and lozenge to assist ST users in quitting.

Still need motivation to quit? In Florida, a can or pouch of tobacco costs between \$5 and \$7. A three can per week user can save more than \$800 per year! (3 cans x 4 weeks x 12 months = 144 cans per year. 144 cans x \$6 = \$864 per year.) If that person quit tobacco for five years, he or she could save over \$4000!

## What is Smokeless Tobacco?

There are numerous types of Smokeless Tobacco (ST) with strong geographical preferences. The following types are the most common:

**Snuff** is the most common smokeless tobacco product in the USA. It is ground tobacco that can come dry or moist. Dry snuff is inhaled. Moist snuff is either loose or in a small, tea bag-like pouch and is placed between the cheek and gum towards the front of the jaw. This is referred to as a dip. It produces juice that is not intended to be swallowed. The most popular brands are Copenhagen and Skoal.

**Chew Tobacco** is cut leaf tobacco that comes loose, in a twist or a plug. It is usually chewed briefly and then placed between the cheek and gums. Chew is considered spit tobacco. Some hard-core nicotine addicts will swallow some or all of the juice. Many people who use this will say they are going to have a chew or a chew. Chew is used more in the USA than other countries. Redman is the most popular brand.

**Snus** is tobacco that is more finely ground than snuff and is placed between the upper lip and gum. It produces less saliva than snuff or chew and is not considered a spit tobacco. Snus is most commonly found in Sweden; however, American companies are now manufacturing it as well. Traditional Swedish snus is produced quite differently than American snuff. Snuff is fire cured, fermented, packaged and shelved for sale. Snus is air cured, steamed (sterilized), packaged and refrigerated.

# Tobacco Dependence Among Individuals with Mental Health and Substance Abuse Disorders

By Maureen Guthke, MPH,  
CHES, CPH

Data from the National Comorbidity Study conducted from 1991 to 1992 indicates that about three fourths of smokers suffer from past or present with mental health illness or addiction. Additionally, Lasser, et al (2000) reported that the quit rate among smokers with no history of psychiatric disorder or substance use disorder was much higher (42.5 percent) compared to quit rates among those with alcohol use disorder (16.9 percent), bipolar disorder (25.9 percent), major depression (26.0 percent), and post-traumatic stress disorder (23.2 percent).

Currently, more studies are being conducted to further understand nicotine addiction among individuals with

mental health disorders and substance abuse disorders in order to develop more effective treatment options for this population.

Dr. David Kalman (2005) states in his article, that researchers already know conventional smoking cessation programs do not appear to serve the smoking cessation treatment needs of individuals with either a mental health disorder or substance abuse disorder. Therefore, modifications of conventional smoking cessation programs for these individuals are highly recommended.

Two important factors are being considered for the modifications: the timing of when an individual receives tobacco cessation counseling and the duration of nicotine replacement therapy (NRT).

Individuals receiving care at a psychiatric facility or substance abuse treatment center are often encouraged to focus on the treatment of one condition at a time. However, recent studies indicate it may be beneficial for individuals to receive smoking cessation counseling at the same time they are receiving treatment. Individuals receiving treatment are learning coping strategies that are similar to those required to break the nicotine addiction. Therefore, the perfect opportunity is created to help interested smokers to quit.

Nicotine replacement therapy for the general population is recommended not to exceed twelve weeks. Comparatively, however, six month cessation rates are lower in patients who have been diagnosed with a mental health disorder or

addiction than patients of neither diagnosis. Therefore, consideration for longer duration of NRT is suggested as a means to increase long-term smoking cessation rates.

The recent research on tobacco dependence among those with a psychiatric disorder and substance abuse is promising in that it could lead to reducing overall morbidity rates for this population.

## Sources

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- Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population-based prevalence study. *JAMA*, 284 (20), 2606-10.

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# GSAHEC Motivates Manatee County Government Employees to Quit Tobacco Use

By Julie Wilson, MA  
Special Programs Coordinator,  
Manatee YourChoice  
Health Plan

These are just a few of the comments we've received about Manatee YourChoice Health Plan Tobacco Education course, written and presented by the Gulfcoast South Area Health Education Center (GSAHEC) Senior Tobacco Cessation Specialist Deirdre Dingman.

Manatee YourChoice Health Plan is the health plan for Manatee County government employees and their dependents. Our Wellness Mission involves "empowering employees and their families to make positive health decisions by providing a variety of programs that will facilitate healthy lifestyles and contribute to higher levels of personal satisfaction." This includes providing a

*The instructor "provided a positive and supportive atmosphere – not simply telling everyone that smoking is bad."*

*The instructor "seems to really care about everyone being tobacco-free."*

*"I am ready to quit!"*

strong Tobacco Program, which we have based on our members' motivation to change their tobacco use. For members wanting to quit, YourChoice Health Plan offers both group and individual opportunities for lifestyle coaching.

For members not quite ready to make a quit attempt, we asked GSAHEC to collaborate with us to develop a tobacco education component about nicotine use and the rewards

of quitting. The result has been a curriculum tailored to the needs of our members, an environment that is supportive and a population that is closer to quitting as a result.

A full 50 percent of individuals completing the program reported interest in quitting! The members are clear that they are getting the most up-to-date and

accurate information about tobacco products, cessation methods and tools in this class while also getting valuable information related to nicotine addiction.

Importantly, members report they can share their struggles with nicotine addiction and know that they will be met with understanding and encouragement. Many thanks to GSAHEC for offering this important service to our members!



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# Building Healthy, Tobacco-Free Communities

By Dotti Groover-Skipper  
Tobacco Free Partnership,  
Hillsborough County

Healthy, tobacco-free, communities don't just happen. Research has identified evidence-based strategies and processes that build healthy communities – areas where tobacco use is less desirable, less accepted, and less accessible. These “best practices” strategies include comprehensive tobacco prevention and control programs and a public health approach called the Strategic Prevention Framework (SPF).

A comprehensive tobacco prevention and control program is a coordinated effort to establish, for youth and adults, smoke-free policies and social norms, promote and assist tobacco users to quit, and prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic and social strategies.

A single organization can create a comprehensive program, or it can result from independent activities conducted by different groups working together toward a common goal. Research shows great success when partners work together to influence social norms, systems and networks. Research also shows that laws and policies in a comprehensive tobacco prevention and



# Tobacco Free Partnership

## HILLSBOROUGH

control effort are effective in the following ways:

- protecting the public from secondhand smoke
- promoting cessation
- preventing initiation
- providing insurance coverage for tobacco use treatment
- limiting minors' access to tobacco products

The Strategic Prevention Framework process is a community-based, public health approach used to develop the infrastructure for effective and sustainable reductions in tobacco use. Each stage builds upon another, and the entire process is built around the core concepts of tobacco-related health disparities, cultural competence, and sustainability.

The Tobacco Free Partnership of Hillsborough County is a model of the “best practices” Strategic Prevention Framework. Formed in the 1990's, recent funding from the Florida Department of Health has enabled the partnership's expansion to further enhance its mission. Uniting a wide range of program activities, including local and state policies and programs, initiatives to prevent and reduce chronic disease and tobacco-related health disparities, and activities to influence youth, all are the driving energy of the Tobacco Free Partnership of Hillsborough.

Tobacco Free Partnerships across the state are proving to be valuable to their respective communities,

as crucial community partners and resources continue to emerge. Building partnerships and leveraging resources are critical to not only promote a comprehensive approach, but also to achieve sustainability for long term reductions in tobacco use.

### Sources

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For further information on your county's Tobacco Free Partnership, contact the AHEC in your service area or visit: [www.health.usf.edu](http://www.health.usf.edu).

If you or your organization would like to be a part of the Tobacco Free Partnership of Hillsborough, contact:

**Laurie Ellston**, (813) 842-0734, [llellston@gmail.com](mailto:llellston@gmail.com)

**Dotti Groover-Skipper**, (813) 417-1648, [takecharge@mindspring.com](mailto:takecharge@mindspring.com)

## Meet Our Team: *Gulfcoast North AHEC*

### **Maureen Guthke, MPH, CHES, CPH**

*Tobacco Cessation Specialist*

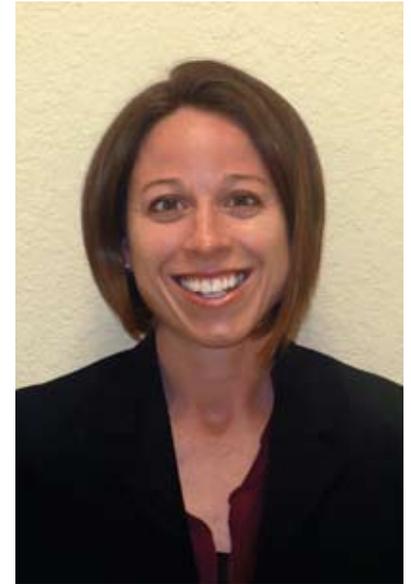
Maureen received her Bachelor's degree in Medical Biology from the University of New England and her Master's degree in Public Health from the University of South Florida. The pursuit of a career in public health education evolved from her memorable Peace Corps experience in Niger, West Africa as a Community Health Advocate. Maureen was responsible for creating multiple opportunities for families in remote villages of the sub-Saharan country to learn and adopt preventative health practices.

After returning to the United States, Maureen spent the next few years working in a clinical practice as a cardiology technician and medical assistant before returning to the field of Public Health. In 2003, Maureen not only began earning her master's at USF College of Public Health but also began working for the Hillsborough County Health Department TB/Refugee Program as a Health Service Representative. This opportunity allowed her to apply her knowledge of epidemiology to assist with the screening and treatment services offered at the County Health Department.

Early in 2005, Maureen accepted the position of Coordinator for Community Health Education at Gulfcoast North AHEC. Her dedication to promoting health and wellness in the community was most demonstrated by her passion in working to recruit and train Community Health Workers.

Maureen is now fortunate to have the opportunity to combine her interest in

patient care and public health as she assists patients at the federally qualified health centers in Hillsborough and Pinellas counties to quit tobacco. Maureen enjoys working with patients to help them discover their ability to be in control over their tobacco dependent behavior and motivate them to adapt a healthy lifestyle.



## Meet Our Team: *Gulfcoast South AHEC*

### **Xenia Rosado-Merced**

*Tobacco Cessation Specialist*

Xenia Rosado-Merced joined Gulfcoast South AHEC as their new Tobacco Cessation Specialist on August 30, 2009. Ms. Rosado-Merced is a recruit from Holyoke Medical Center in Holyoke, Massachusetts. Xenia has many years of experience working with underserved populations from social worker, mental health, substance abuse counselor and community leader perspectives.

Her pioneering work in the fields of medical interpreting and health education are among the numerous contributions that earned her recognition as a community leader. She served on numerous initiatives, commissions and boards, always proudly representing the Latino community. In 2007, Governor Deval

Patrick appointed Xenia to the Massachusetts Division of Professional Licensure Board of Registration of Social Workers for her work and commitment to the field.



Born in San Juan, Puerto Rico, she attended the University of Puerto Rico majoring in Psychology. After relocating to Massachusetts in 1974, she became a licensed social worker and obtained her master's degree in Education from Cambridge College in 1991.

Xenia recently moved to Florida to join the GSAHEC A.T.T.A.C. Program. She brings to the team diversity, sound expertise, demonstrated commitment, and the ability to reach the Hispanic/Latino community in need of tobacco cessation services.



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To learn more about how you can become involved with AHEC, please call **Leila Martini at (813) 974-5013**.

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